

been applied to the treatment of this disease—that is, the elimination, as far as is consistent with the due nutrition of the body, of all those articles of food that can be converted in the organism into sugar and the substitution of albuminous foods and fats. The absolute necessity for a knowledge of the composition of food materials is surely plainly demonstrated.

Sir Henry Thompson, the eminent English dietist, says: “It is certain that an adequate practical recognition of the value of proper food to the individual in maintaining a high standard of health, in prolonging healthy life (the prolongation of unhealthy life being small gain either to the individual or to the community), and thus largely promoting cheerful temper, prevalent good nature, and improved moral tone, would achieve almost a revolution in the habits of a large part of the community.”

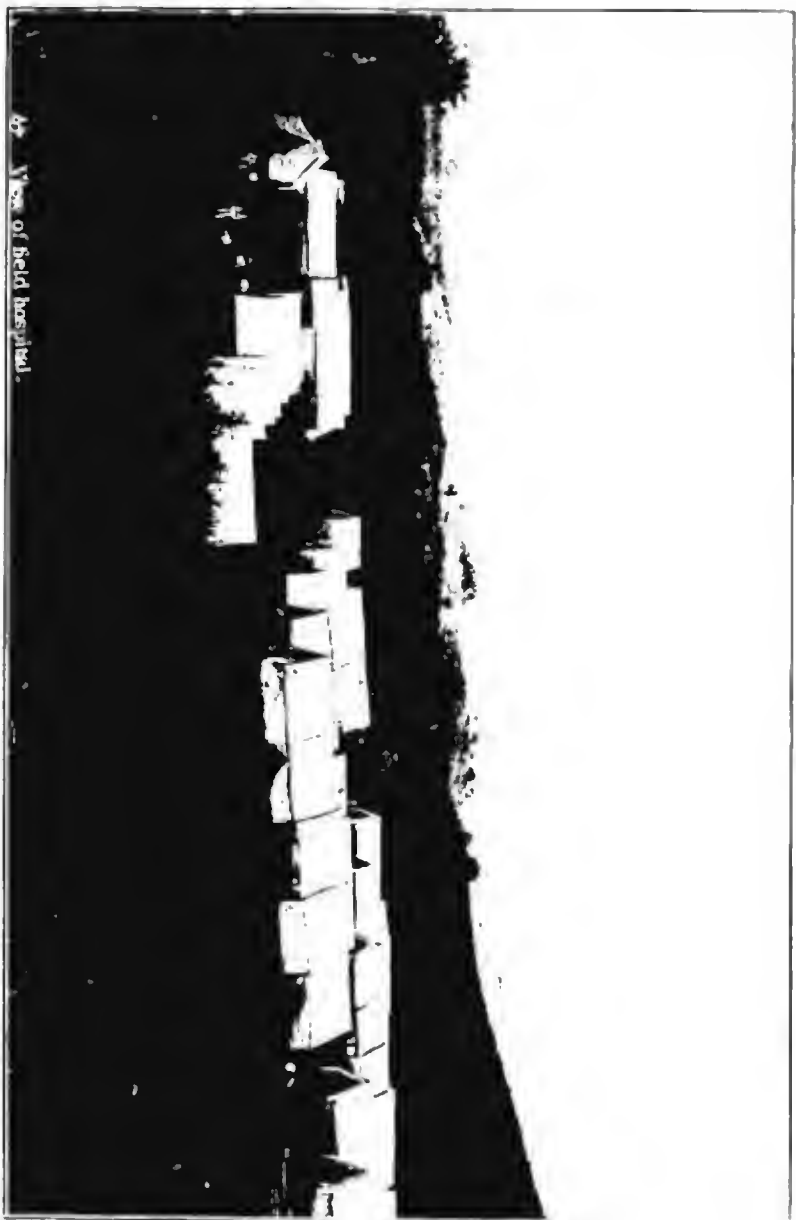
EXPERIENCES IN ARMY NURSING

By J. D. M.

PREVIOUS to the outbreak of the Spanish-American War the United States Government had maintained a strict neutrality with the island of Cuba (although United States *citizens* for seventy-five years had taken a keen interest in her affairs) until events that preceded and followed the destruction of the battle-ship Maine in April, 1898, in Havana harbor led to armed intervention. Then it was that enthusiasm ran high all over our country to avenge an act that looked as though it had been premeditated, and thousands of American citizens answered the call to arms, volunteering to don the uniform and fight for the flag.

Of course, among such large bodies of men sickness prevailed, and many were wounded by the enemy's bullets. At this time many nurses from recognized and well-established hospital training-schools caught the fever of enthusiasm and “shouldered the musket,” as one physician put it when I told him I was going to the front to help care for the sick soldiers in Uncle Sam's army. But how different was the stern reality from my day-dreams of a nurse's life on the battle-field!

My first call to duty in the United States army, after my application had gone in to Washington, D. C., was to Fort Thomas, Ky., on August 13, 1898, where I remained until September 21 of the same year. All of my nursing there was amongst typhoid-fever cases, mostly all of whom were brought up from the camps farther south, where typhoid had become epidemic. Just as we got things in good running



View of field hospital.

FIELD HOSPITAL AT COAMO, PORTO RICO. SEPTEMBER, 1898

A great number of the tents had been taken down when this view was taken



MY WARD IN SAN JUAN, PORTO RICO, 1898

Medical officer in charge of ward (who was a Spaniard) is standing near one of my assistant nurses

order a call came from Washington, D. C., requesting that a number of nurses be sent to Cuba and Porto Rico.

I wish to add that before sailing for Porto Rico, during our stay at Fort Thomas, a diet-kitchen was established under the supervision of one of our nurses. She did excellent work and certainly deserves commendation. Of the twenty-six or thirty nurses at the Fort Thomas post there were twelve who volunteered to go to Porto Rico. We sailed from New York harbor (where we were joined by many nurses from other army hospitals, making in all a total of about fifty nurses) on September 24 and reached Ponce the latter part of the month, it taking about five days to reach there. There the nurses were divided into parties, each party detailed to proceed to a field hospital, some, of course, remaining at the base hospital, which had already been established in Ponce. A call for nurses to go to the field hospital at Coamo was answered by fourteen of our number, and we were driven in ambulances drawn by army mules (horseless carriages, as they are called in military circles) across the island to the hospital, which we found to be long rows of white canvas tents pitched on the brow of a small mountain. Here let me say a few words as to the location of a field hospital, selection of site, etc.

As soon as the chief surgeon of a division learns the position of the line of battle he indicates to the surgeon in charge of the regiment personally or by messenger his views as to the location of a field hospital. The particular locality in the neighborhood is selected by the surgeon in charge, with due consideration to questions of water, fuel, dryness of site, facility of communication with main roads, and availability of neighboring buildings as hospital accessories.

The hospital should not be too near the front, as nothing is so depressing to the wounded, already more or less prostrated by their injuries, than exposure to fire while under the hospital flag. A distance of from one and a half to two miles will give fair security. The location at Coamo was fairly good and was about two miles from the town of Coamo. In those tents were the sick men from the Third Wisconsin and Sixteenth Pennsylvania Regiments and a Kentucky regiment.

Our quarters were in Coamo, and we were driven in an ambulance to and from our duties. Our first day on duty each nurse dressed in her school uniform (the army uniform had not then been adopted) and was assigned to a tent by the medical officer in command. It was all so new and unlike any previous nursing that if any nurse's heart sank within her at the first appearance of those tents on the *inside* she did not give any outward evidence of it, and I am sure each one remembered that her first duty was the care and comfort of the sick men lying so helpless in those rows of cots far away from home and dear

ones. The diseases we had to contend with there were typhoid fever, dysentery, and diarrhoea. Then it was we had to improvise ways and means of caring for our patients as regards temperature, bathing, cleansing baths, dieting, etc. The water used for bathing purposes and, indeed, for drinking and cooking, was hauled in large barrels from a spring over a mile away. Some of our convalescents used to walk over to the spring and fill their canteens—they said the water kept cooler in the canteen. It was not easy work, and many difficulties arose which by constant tact and perseverance in the line of duty we were able to overcome to a certain extent. There we also established a diet-kitchen, or tent, rather, taken charge of by a competent dietist. She only had a kerosene stove, but many little dainties were cooked there for the sick men. This was my first and only experience in taking care of the sick in a field hospital, but I must say I thoroughly enjoyed it. As our patients convalesced they were sent back to the United States or to some of the base hospitals on the island, and finally “we folded our tents like the Arab and silently stole away.” We were then ordered to report at the base hospital at San Juan.

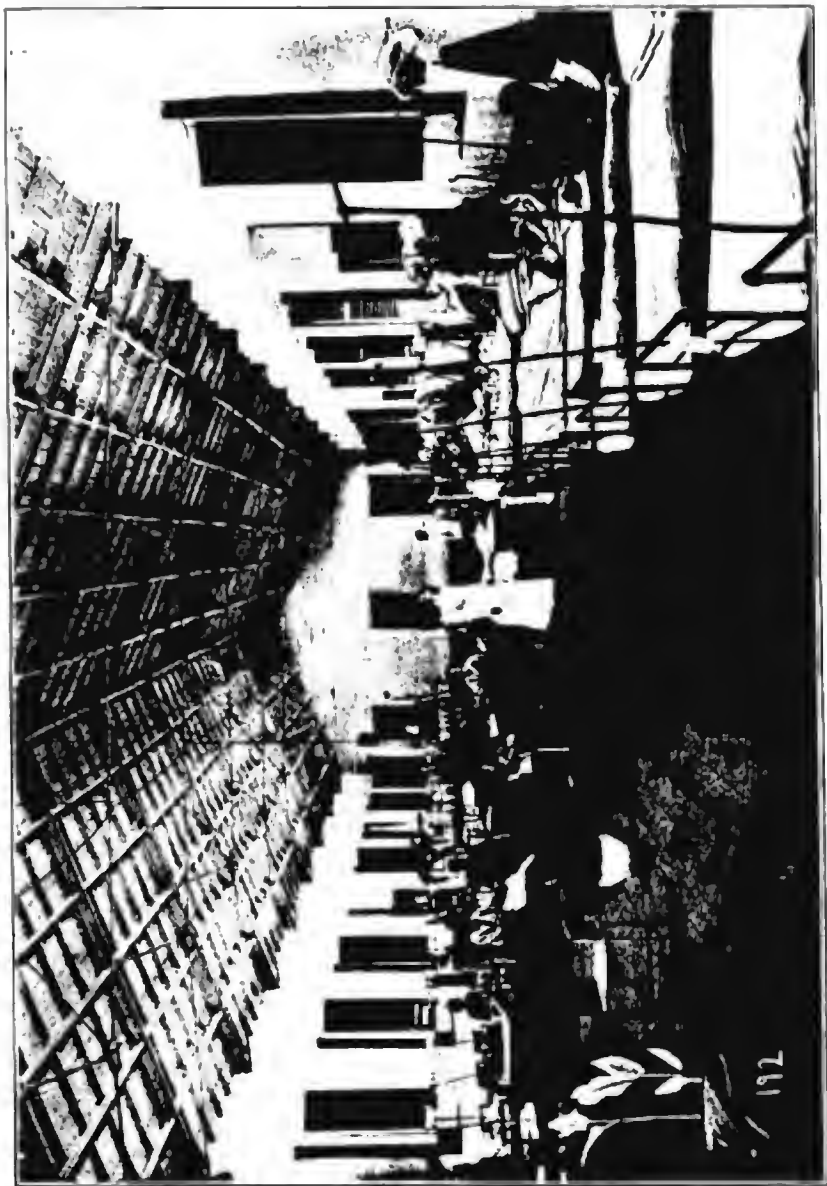
We again seated ourselves in our “horseless carriages” and were driven directly across the island along the military road, which is certainly a magnificent drive, and once in a while we would tell the driver to stop while we got down and plucked the ripe oranges that were hanging so temptingly by the wayside. At San Juan we found a nicely equipped hospital under the supervision of a very efficient commanding officer. Nursing the sick was now much easier, as we had more appliances to work with. There was little or no active fighting on the island of Porto Rico, therefore we did not get much experience in gunshot wound cases, although considerable operating was done at San Juan.

Here I may say a word about remuneration of nurses in the United States army. The salary at first was thirty dollars per month, out of which we paid our own laundry bills, but we were all so enthusiastic at that time that I believe many would have been willing to care for the sick without any remuneration. At the same time, most of us had our own livelihood to earn, and in March, 1899, our salary was raised by act of Congress to fifty dollars per month in foreign and forty dollars per month in United States service, which is the salary paid at the present time. Superintendents and chief nurses are paid more.

In October, 1899, a party of eight nurses, including myself, were ordered to the Philippines. After four weeks on the broad Pacific we landed in Manila harbor the latter part of November. I was detailed on duty at the First Reserve Hospital in Manila. The Spaniards had formerly used this building as a hospital, but the sanitary condition was



VIEW ON THE MILITARY ROAD ACROSS THE ISLAND OF PORTO RICO, OCTOBER, 1898



MY WARD AT FIRST RESERVE, MANILA, P. I., 1899-1900

very poor when first utilized by Americans. At that time there were many skirmishes and battles being fought throughout the islands and around Manila, and there was now no lack of surgical nursing. I considered myself very fortunate when I was assigned to duty in the surgical ward. There were sixty-six beds. The natives, enemies and amigos (friends), were also taken care of there. In the illustration given the patient in wheel chair to the left is a "Maccabebe" scout, and on the same side farther back in bed lies a Tagalog. I recall these two cases particularly. Maccabebe scouts are friends of the Americans and used by them as scouts on account of their fidelity and their thorough knowledge of the islands. The Tagalogs are bitter enemies, will say "amigo" ("friend") to your face and stab you in the back with a dagger. Both of these I refer to were gunshot-wound cases, one of the foot, the other of the thigh. In every province of the Philippines they have a different dialect, and these two patients could not understand each other. For pastime the American convalescent would teach each of them a little English (which, by the way, was not always complimentary one to the other) and was highly pleased when they would scold one another from cot to cot. The convalescent would wheel his chair quietly away, as if he were entirely innocent, when the nurse appeared on the scene to see what the row was about. It certainly was very amusing. We noticed while we were in this room two "hombres," or natives, who lifted a stretcher on which was an American soldier, a sergeant of the Twenty-eighth United States Volunteers, wounded shortly after his arrival in the Philippine Islands by a Krag bullet which fractured the femur, also having another wound below the knee. He was being taken to the operating-room to have his wounds dressed. In this ward were sixty-six beds, which were pretty nearly always filled. The operating- and dressing-rooms are through the door to the left of the ward. The mosquito-nets, which are rolled back, were an absolute necessity, as at night the mosquitoes were extremely annoying (beside being carriers of disease), and if the least little corner of net were left open the patient looked as though he might have developed measles during the night. During all my stay in Manila I was on duty in the surgical ward. At that time we had natives to do all the rough work, as sweeping, scrubbing floors, or going over them with kerosene on account of the ants, which are a perfect pest there—the "ant-hill," as I heard a medical officer laughingly remark about our new possessions in the far-off Orient.

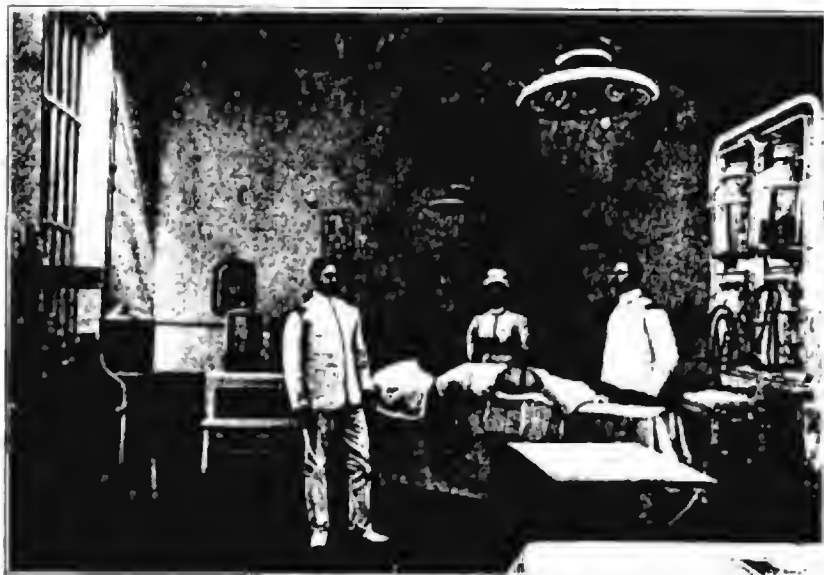
I could go into many little details, but do not wish to monopolize too much of your valuable space. After being in Manila many months I sent in a request to the chief surgeon to be assigned to duty at the Calamba hospital, as I was desirous of seeing what outpost duty was

like. Calamba is a little town about one-half a day's journey from Manila up the Pasig River. There were twelve nurses there and about one hundred beds. Everything was certainly as up-to-date as American ingenuity could devise, while enamelled beds and glass-top tables made one almost think one was in a well-equipped hospital in the United States. Malaria was very prevalent in that section of country, also dysentery and diarrhœa, and last, but not least, added to their other afflictions a large percentage of the patients were afflicted with "Dhobie's itch," a disease peculiar to the tropics. We were under fire from the enemy twice whilst I was there, which, of course, was very exciting, as it was our first experience along those lines. I think I may say we behaved very well. In December, 1901, I applied for transport duty, as I felt that for the benefit of my own health I needed a change of climate. Two other nurses and myself set sail from Manila on the army transport Sheridan January 10, 1902, reaching Nagasaki, Japan, about January 18, where we remained for three days and spent a very enjoyable time. What interested me most in Nagasaki were the "jinrick-shaws," which are or were then the only means of conveyance. The trip across the beautiful blue waters of the broad Pacific was certainly enjoyed by everyone on board, and most of the patients were convalescent when we reached San Francisco harbor and "home." A military band met the big troopship as she anchored and played "Auld Lang Syne" and "Home, Sweet Home," and amongst the home-comers and the crowds on shore there was many a moist eye. I then reported to the Presidio United States General Hospital, where I remained until December, 1902.

By act of Congress, approved February 2, 1901, the Army Nurse Corps was established, and trained nurses are now a part of the United States Army. Oath on March 6, 1901.

In December, 1902, I severed my connection with the United States army. I am glad I was privileged to go to those tropical countries to do what I could for suffering humanity, and should our country be again involved in war, what a lesson this past experience would be to any nurse who wished again to go to the front!





OPERATING-ROOM AT FIRST RESERVE HOSPITAL, MANILA, P. I., 1899, 1900, 1901

The officer standing at patient's left, near irrigating apparatus, was the major-surgeon who performed nearly all First Reserve operations at that time, and who had charge of all the surgical wards. The patient is an officer who had leg amputated.